



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7258

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/054,551 | FILING DATE 01/22/2002 RULE | CLASS 375 | GROUP ART UNIT 2634 | ATTORNEY DOCKET NO. 2-3-4-2-2-2 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Ralf Dohmen, Bayern, GERMANY; *9/26/05 LW*Christoph Schulien, Altdorf bei Nuernberg, GERMANY; *9/26/05 LW*Herbert Haunstein, Dormitz, GERMANY; Achim Herzberger, Heroldsberg, GERMANY; *9/26/05 LW*Georg Roell, Postbauer-Heng, GERMANY; *9/26/05 LW*Konrad Sticht, Eschenbach, GERMANY; *9/26/05 LW*

** CONTINUING DATA *****

N/A LW 9/26/05

** FOREIGN APPLICATIONS *****

EURASIAN PATENT ORGANIZATION (EAPO) 01301194.5 02/12/2001 *LW 9/26/05 YES*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/15/2002

| Foreign Priority claimed | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|--|---------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> | <i>Initials</i> | GERMANY | 5 | 5 | 3 |

ADDRESS

Docket Administrator (Room 3J-219)
 Lucent Technologies Inc.
 101 Crawfords Corner Road
 Holmdel, NJ
 07733-3030

TITLE

Adjustment of equalization parameters in receivers

| | | |
|-------------------------------|---|--|
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-------------------------------|---|--|